

GENERAL COMMERCIAL CLAIM FORM

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Pursuant to the Privacy Act 1993 the following is brought to your attention:

- a) This claim form collects personal information about you;
- b) The information is collected to evaluate your claim;
- c) The intended recipient of the information is: The Insurer named below (hereinafter called "The Company") and is being held by them at their office
- d) The collection of this information is required pursuant to the terms of your insurance policy;
- e) The failure to provide this information may result in your claim being declined;
- f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

A. POLICY HOLDER DETAILS

Name of Insured or Name of Company

Postal Address:

Contact Telephone No. (0) Alternative Contact No. (0)

B. DETAILS OF DAMAGE OR LOSS

Date of Loss Day Time am / pm

Where did the loss occur?

How did the loss or damage happen?

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If the loss was caused by anyone other than the insured please give name and address details

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C. FOR THEFT /BURGLARY

YOU MUST IMMEDIATELY INFORM THE POLICE IF PROPERTY HAS BEEN LOST OR IF YOU SUSPECT BURGLARY, THEFT, ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT THAT HAS CAUSED THE DAMAGE OR LOSS

Is a Police Complaint Acknowledgement form attached? Yes No If no please complete the following details:

Reported by to (Station name)

On Complaint Ref No Name of Attending Officer

If the loss or damage was through a burglary (or an attempted burglary):

Did the premises have a burglar alarm? Yes No Don't know

If "yes", was the alarm on at the time the loss or damage happened? Yes No Don't know

D. OTHER PARTICULARS

Are you the sole owner of property damaged or stolen? Yes No

If no, please supply details of the other interested party (e.g. Mortgagee, Trustee, etc):

Do you have any other insurance which covers this loss or damage?

If you do not own the premises, does the lease make you responsible for repairing any damage?

Have you had a loss or made any claim against any Insurance Company in the past 5 years (regardless of amount)? If "yes" please give full details including date, type of claim and name of insurer:

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E. DETAILS OF PROPERTY LOST OR DAMAGED

- In the case of loss, please attach proof of ownership and/or purchase receipts.
- Please attach a written quotation for replacement of the item(s).
- If at all possible, keep damaged items available so that we can inspect them if needed.

OFFICE USE

Full Description of Article(s)	From Whom Obtained (Name and Address)	Date When Originally Bought or Received	Current Replacement Price	Repair Cost	Depreciation for Age, Use or Wear and Tear	

If there is not enough room to list everything you are claiming for, please attach an additional list.

Is an additional list attached? Yes No

AMOUNT	
EXCESS	
CLAIM TOTAL \$	

F. GLASS BREAKAGE

- If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease by sending a copy of your lease with this claim form.

Description of Glass (Plain, Plate etc)	Height	Width	Item Fixed (Window, door etc)

G. PUBLIC LIABILITY – Liability must not be admitted for any loss

Name and address of property damaged

Phone No Insurance Co (if known)

Was the owner known to you? In what capacity?

Has a claim been made against you? Yes No

If "yes" please advise details

Name(s) and address(s) of witnesses of the incident:

Name Phone

Name Phone

DECLARATION – Note: Failure to provide full and truthful information could result in the claim being declined.

- I/We agree to The Company disclosing my/our personal information regarding this claim to:**
 - Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.
 - Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
 - I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.
- I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.**
 - From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to the Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf.

Signed on behalf of all Insureds Date

(If a company please state capacity)

Authority to make payments by Direct Credit

If there are any payments to be made to you in settlement of this claim we can arrange for these to be made by direct credit, instead of having to wait for a cheque to be processed and then sent out and then cleared.

If you would like this to happen please either attach a copy of a deposit slip with this claim form or note the bank account details below.

Name of Account Holder _____

Name of Bank and Branch _____